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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37825

1. Corporation Name

WHITE HEAT AIDS FOUNDATION, INC.

Principal Place of Business

207 S JEFFERSON ST
 PENSACOLA FL 32501-5601
 US

Mailing Address

207 S JEFFERSON ST
 PENSACOLA FL 32501-5601
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/24/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-3004206

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, JAMES
 45 S JEFFERSON ST
 PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME GORE, W AYNE F.
 STREET ADDRESS 520 W MALLORY ST
 CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME CATCHES, SAM
 STREET ADDRESS 520 W MALLORY STREET
 CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME AMERSON, JAMES
 STREET ADDRESS 1010 N 12TH AVENUE #133
 CITY-ST-ZIP PENSACOLA FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MADDOX, JOEL
 STREET ADDRESS P O BOX 591 N/A
 CITY-ST-ZIP PENSACOLA FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VPD DELETE
 NAME KILLOUGH, GARY
 STREET ADDRESS 304 KEPNER DR.
 CITY-ST-ZIP FT. WALTON BEACH FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE PD DELETE
 NAME GOLDMAN, JAMES N.
 STREET ADDRESS 45 SOUTH JEFFERSON ST
 CITY-ST-ZIP PENSACOLA FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required

3/9/99

Date

850-438-8412

Daytime Phone #

CR2E037 (11/98)